DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: DEKORA SPRINGS (0008994)

Address: 214 W DEKORA ST, SAUKVILLE, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0092615 End Date: 04/22/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008988 Served 05/27/2004

Deficiencies Cited Subject Area Subject Area Verified

83.42(3)(e) QUARTERLY FIRE DRILLS

83.43(3)(a) SMOKE DETECTION SYSTEM & HEAT DETECTORS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 07/30/2003 Date Investigation Completed: 04/22/2004

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED ADMINISTRATION NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED